



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

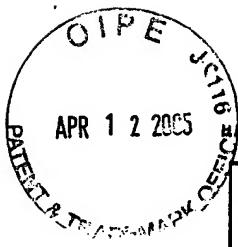
		Application Number	10/088,719-Conf. #5004
		Filing Date	June 19, 2002
		First Named Inventor	Takako Fujii
		Art Unit	3743
		Examiner Name	A. Kokabi
Total Number of Pages in This Submission		Attorney Docket Number	09643/000L339-US0

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	First Preliminary Amendment Request for Continued Examination Certificate of Express Mailing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Chris T. Mizumoto		
Date	April 12, 2005	Reg. No.	42,899



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005		Complete if Known	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	10/088,719-Conf. #5004
		Filing Date	June 19, 2002
		First Named Inventor	Takako Fujii
		Examiner Name	A. Kokabi
		Art Unit	3743
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 910.00) Attorney Docket No. 09643/000L339-US0	

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Fee (\$) 50 Small Entity Fee (\$) 25							
Each independent claim over 3 (including Reissues) Fee (\$) 200 Small Entity Fee (\$) 100							
Multiple dependent claims Fee (\$) 360 Small Entity Fee (\$) 180							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) 24 - 44 = _____ x _____ = _____				Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ - _____ = _____			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 9 - 9 = _____ x _____ = _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month Fee (\$) 120.00							
1801 Request for continued examination (RCE) (see 37 ... Fee (\$) 790.00							

SUBMITTED BY	
Signature	Registration No. (Attorney/Agent) 42,899
Name (Print/Type) Chris T. Mizumoto	Telephone (212) 527-7700
Date April 12, 2005	



Application No. (if known): 10/088,719

Attorney Docket No.: 09643/000L339-US0

Certificate of Express Mailing Under 37 CFR 1.10

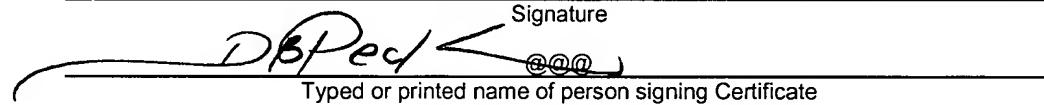
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV447564513-US

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 12, 2005
Date


Signature


Typed or printed name of person signing Certificate

@@@
Registration Number, if applicable

(212) 527-7700
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

First Preliminary Amendment (14 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a)
(1 page)
Request for Continued Examination Transmittal (1 page)
Transmittal (1 page)
Fee Transmittal (1 page)
Certificate of Express Mailing (1 page)
Check in the amount of \$910.00